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Bib Data Sheet

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| SERIAL NUMBER 09/667,427 | FILING DATE 09/21/2000 RULE | CLASS 349 | GROUP ART UNIT 2871 | ATTORNEY DOCKET NO. 45605RE(904) |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Yoshihiro Izumi, Kashihara-shi, JAPAN;
 Sayuri Fujiwara, Nara-shi, JAPAN;
 Tokihiko Shinomiya, Nara-shi, JAPAN;

**** CONTINUING DATA *******

THIS APPLICATION IS A REI OF 08/868,481 06/03/1997 PAT 5,812,226
 WHICH IS A CON OF 08/468,649 06/06/1995 ABN

**** FOREIGN APPLICATIONS *******

JAPAN 6-210216 09/02/1994
 JAPAN 7-29395 02/17/1995

IF REQUIRED, FOREIGN FILING LICENSE**GRANTED ** 10/12/2000**

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|---------------------------------|------------------------------------------------------------------------------------------------------------------|----------|
| Foreign Priority claimed | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | |
| Verified and Acknowledged | Examiner's Signature | Initials |

ADDRESS

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TITLE

Liquid crystal display formed by a plurality of non-electrically interconnected liquid crystal display panels

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|----------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 690 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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